DOCUMENT RESUME

ED 289 548 JC 880 004

AUTHOR Speer, Deborah
TITLE The Patient Interview. Nursing 120, Lesson Plan No. 1.
INSTITUTION Hawaii Univ., Manoa. Western Curriculum Coordination Center.
PUB DATE Oct 87
NOTE 48p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Audiovisual Aids; *Communication Skills; Community Colleges; Instructional Materials; *Interpersonal Communication; *Interviews; Lesson Plans; *Nurses; *Nursing Education; *Patients; Teacher Developed Materials; Two Year Colleges
IDENTIFIERS *Nurse Patient Relationship

ABSTRACT

Developed as part of a 120-hour nursing course, this lesson plan focuses on the patient interview, providing an overview of communication skills, nonverbal and verbal communication skills, and five basic categories of verbal response (i.e., evaluative, hostile, reassuring, probing, and understanding). The module is designed to teach students about different kinds of responses encountered during the patient interview and about kinds of nonverbal behavior to be avoided during the interview. The lesson plan begins with information on the course for which the plan was developed; equipment and audio-visual aids needed; requirements for student materials; course objectives; bibliographic references; and special remarks for the instructor. Next, a step-by-step outline of the instructor's presentation is provided in a format indicating the length of time and the equipment or other aids needed for each step of the lesson. Course handouts, transparency masters, quiz, and teacher guidelines are included. (EJV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED289548

The Patient Interview

Nursing 120, Lesson Plan No.1

Deborah Speer
Kapiolani Community College

Western Curriculum Coordination Center
Honolulu, HI

October, 1987

JC 880 004

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Deborah Speer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

LESSON PLAN

LESSON PLAN NO. 1	INSTITUTION / AGENCY: Kapiolani Community College	PAGE 1 OF 27 PAGES

COURSE OF INSTRUCTION AND COURSE NUMBER:	TOTAL HOURS:	LESSON TITLE:
Nursing 120	120	The Patient Interview

DAY AND DATE OF INSTRUCTION:	HOURS	PLACE:
Thursday, October 29, 1987	1630-1720	Kauila 202, Kapiolani community College

NO. OF STUDENTS:	REHEARSAL:	INSTRUCTOR AND ASSISTANTS:	STUDENT MATERIALS AND DRESS:
30	Tuesday, October 27, 1987	Deborah Speer-Primary Instr. Pat Metzger- Asst. Instructor	Pen or pencil Casual dress

REFERENCES:

See Addendum A

EQUIPMENT AND AUDIO-VISUAL AIDS:

Overhead Projector	Transparencies (2)
Podium	Handouts (3)
Pointer	Quiz
Nurse's uniform	Teacher Guidelines (1)
Clipboard	
Stethoscope	
Arm chair	
Bed with patient	

OBJECTIVES:

At the end of this session the student will be able to list with 100% accuracy the 5 different kinds of responses encountered during the patient interview and give a description of each.He will also be able to list 4 examples of nonverbal behavior to be avoided during the interview.

SPECIAL REMARKS:

ADDENDUM A

BIBLIOGRAPHY

1. Bernstein, Lewis, PhD.; Bernstein, Rosalyn S.,M.A., A.C.S.W.; and Dana, Richard H. PhD. Interviewing: A Guide for Health Professionals. Second Edition. New York: Appleton-Century Crofts, 1974. pp 2,31,32,33,46,59,75,76,110.

2. Cormier, William H. and Cormier, L. Sherilyn. Interviewing Strategies for Helpers: A Guide to Assessment, Treatment and Evaluation. Monterey: Brooks/Cole Publishing Company, 1979. pp 43,44.

3. Enelow, Allen J. M.D., and Swisher, Scott N., M.D. Interviewing and Patient Care. Second Edition. New York: Oxford University Press, 1979. p 3.

4. Henderson, George, PhD., Edited by. Physician-Patient Communication. Springfield, Ill: Charles Thomas, Publisher, 1981. pp 6-8.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
PREFACE: You are student licensed practical nurses. The program is about one year. An LPN as they are called, functions just about like an R.N. They remain subordinate to an R.N. and there are some patient-therapies that they are not allowed to perform which can differ from facility to facility. For instance in some hospitals they are not allowed to administer IV drugs nor are they in others allowed to take orders from an M.D. over the phone. The R.N. has to step in and do these things. An experienced LPN is very difficult to distinguish from an R.N. if one observes the two of them working. There is in fact no reason the LPN's can't be as professional, competent and knowledgeable as an R.N. about the therapies she is administering. A difference that remains is that the theory base of the R.N. is much greater and often the LPN will have learned much of her "whys and wherefores" on the job from more educated persons. Some synonyms helpful to you are: patient record is the same as chart and medical interview is the same as history-taking. 1. <u>INTRODUCTION</u> a. GOAL: This presentation is designed to aid the student to develop first-rate interviewing skills.		Lecture

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
There are predictable types of responses during interviewing and care-giving that the health professionals will receive from their clients.		
b. OBJECTIVE: At the end of this session you will be able to list with 100% accuracy the 5 different kinds of responses encountered during the patient interview, give an example of each and be able to list 4 examples of nonverbal behavior to be avoided during the interview.		On blackboard write: :"5 Different kinds of responses."
c. REASONS: The patient or client interview as it is often called is an integral part of the patient record. From it all health care professionals can mentally assess a patient often before they actually meet the patient. At this point in your experience you can already see the importance of facts that someone else has gathered, that you read before going in to meet your patient. You have an idea after reading a nursing assessment or history and physical what to expect. The greater skill of the interviewer the more complete and reliable will be the information on which diagnosis and plan of care is based.		
Let me stress this: The results of poor communication in the medical interview ranges from decreased patient morale to death. In one study focusing on patient failure to take medications as prescribed, the failure		On blackboard write: "Decreased patient morale." and "Death."

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
was positively correlated with a breakdown of communication between health care professionals and patients. This is why development of your interviewing abilities is of vital importance at this early stage in your nursing careers. Your proficiency in getting information from a patient is no less important than your mastery of basic and therapeutic nursing skills.	5 min.	Lecture
II. EXPLANATION a. Interviewing as Communication. Interviewing is communication. Everyone engages in interviewing. Sometimes one interviews, sometimes he is interviewed. The interview itself is not a static, one-time communication. It has the function of continually collecting information that ultimately leads to a decision. Because the status of a given patient may change, or the information that a patient gives us about himself may change as he "opens up" with the development of rapport, increments of data may be added to the data bank along the way. This is all necessary information that might not have been obtained initially. This is not to say that you don't try to do your best on the first meeting with your patient, however. Don't omit anything thinking "Oh, I'll ask it later." As you've already seen, "later" the time may not come when can be with that patient again.		On blackboard write: "Define interview." Have students participate with their answers after giving them a minute to think. Answers you are looking for include: non static communication information collection that ultimately leads to a decision

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
b. Good Communication Skills: An Overview. Good communication skills include an attitude of openess and a basic curiosity to know more about a person. There can be verbal and nonverbal exchange. Take for instance the harried way in which nurses and M.D.'s enter and leave the room. This sends the message that they are too busy for the patient. Another manner in which effective communication breaks down frequently is with the use of medical jargon that may not mean anything to the patient. Some people are too intimidated or scared to ask what you're talking about. If you're in doubt that you're being understood, ask, clarify that what they heard is what you said. Here in Hawaii medical personnel often need to learn and use Pidgin words especially when asking about a patient's symptoms or giving directions. While we are assessing the patient they are often assessing us too. They judge the genuiness of a nurse's interest, her personal warmth and compassion, the thoroughness of her approach to the medical interview, and finally the degree of clarity with which she gives insight to the patient about what needs to be done to help the diagnosis of the problem. Simply stated, any communication must have a sender, a message, or content, a channel of transmission, a		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
a receiver and a response, or feedback. Let's take a look at Berlo's Communication Model. As you can see, both the source and the receiver need the same 4 elements. While the contents of each element may differ for each participant there must be a common ground on which they can meet for the exhange of ideas to occur.		Model is for purpose of illustrating communication's elements. On blackboard erase all but goal and " 5 Different responses." On another part engage students' participation by having them verbally create a fictitious communication source (nurse) and receiver (patient) according to the elements in Berlo. You write the description on the board. Spend about 5 min. on this exercise (transparency and handout No. 1 distributed).
c. Communication Skills: Nonverbal. I want to consider for a moment some specifics in nonverbal communication. There is nonverbal on your part, that is, the interviewer. This may include eye contact. This handout can be filled in. Let's look at it. Mainly with eye contact the interviewer lets the client know that he's paying attention. But there are negative ways to use eye contact like looking away can communicate disinterest or preoccupation, looking for longer that 10 seconds is staring and will probably cause some anxiety or hostility.		Transparency and Handout No. 2 Have students fill in handout as you lecture. Ask them for other examples in each category. If they come up with any write them on the transparency.

Name: _____

Last, First

BERLO'S COMMUNICATION MODEL

SOURCE	MESSAGE	CHANNEL	RECEIVER
COMMUNICATION SKILLS	ELEMENTS	SEEING	COMMUNICATION SKILLS
ATTITUDES	STRUCTURES	HEARING	ATTITUDES
KNOWLEDGE	CONTENT	TOUCHING	KNOWLEDGE
SOCIOCULT-URAL POSITION	TREATMENT	TASTING	SOCIOCULT-URAL POSITION
	CODE	SMELLING	

FEEDBACK

djs: 10/87

Name: _____
Last, First

Examples of Nonverbal Interviewing Techniques . (please list)

	Good	Poor
Eye Contact:		
Facial Expression:		
Body Orientation:		
Distance:		

djs: 10/87

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
A blank facial expression of the interviewer seems to have little effect on a client's verbal behavior. But an interviewer who nods his head and smiles seems to reinforce a client's verbal behavior. Whether or not the interviewer leans toward a patient conveys empathy or negativity. Distance between interviewer and client seems optimum at 3 to 5 feet but can cause client discomfort at 2 feet "close up" or at 9 feet "far apart."		
d. Communication Skills: Verbal. The quality of the verbal communication directly influences the nature of the relationship. "Good Morning, how are you?" can convey a multitude of nuances. It can mean "I'm really glad to see you and am ready to try to help you," or "I'm really very busy and don't have time for you." Systematic studies of interviewing have shown that virtually all verbal response between 2 people falls		

Name:_____

Last, First

Types of Verbal Responses:

1. Evaluative:

2. Hostile:

3. Reassuring:

4. Probing:

5. Understanding:

djs:10/87

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
into one of 5 basic categories: a) evaluative, b) hostile, c) reassuring, d) probing or e) understanding.		Write on blackboard the 5 basic categories under " 5 Different kinds of responses." Handout No. 3.
To differentiate amongst the 5 basic categories of responses I'm going to give an example of what an older male patient in a veteran's hospital told his nurse which was: " I tell you I hate that doctor of mine. I hate him! I hate him! I ask him about my diagnosis and he gives me the brush-off. Tells me a diagnosis hasn't been made yet. Phooey! It makes me feel so terrible that I hate him so- especially when I have to count on him to feel well. It worries me."		Instruct students to fill in key points as desired on No. 3.
To illustrate each of the 5 basic responses I'll describe them and give an example reply to the VA patient. Listen to the dialogue again.		Ask students to listen as you repeat the dialogue once again.
(1) The Evaluative Response. This is one in which health workers make a judgement as to the patient's feelings. In effect they diagnose and prescribe or advise. They imply how the patient		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
ought to feel and what he should do. It is appropriate in the case of a pure organic disease but not behavioral problems.		
The nurse's evaluative response to this patient would be "you must get this straightened out. There's no sense in hating your doctor. You'll find he'll treat you better if you just have more confidence in him."		
Here she has <u>made a judgement</u> of the patient's feelings and has <u>implied how he ought to feel</u> and what he should do.		Stress underlined portions. Write them on board.
From this the patient may feel that the nurse has indicated that his feelings were inappropriate. He probably won't feel free to express other concerns, to ask questions about his condition, or to be in a position to understand or participate in his treatment.		
(2) The Hostile Response.		
In the hostile response the patient is <u>antagonized</u> or <u>humiliated</u>. Such a response may set in motion a cycle of <u>hostility-counterhostility</u>.		Stress underlined portions. Write them on board.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
Illness frequently makes patients regress. They may behave in less mature ways than when well and have a reduced capacity to tolerate having their needs met. They can be irritable and unreasonably demanding of the physicians and nurses. Sometimes they are openly critical of the staff which in turn makes the staff resentful. They in turn may retaliate with counter-hostility. In the example given, the nurse may have answered with "You're certainly not acting very grown up. These doctors know their business. You do an awful lot of complaining for something you're getting free." This response has humiliated the patient and indicated the inappropriateness of his feelings. A beneficial relationship is not likely to develop. (3) The Reassuring Response. One of the most common ways of avoiding an expression of emotion is by using the reassuring response. It is the one you've probably had said to you: "Don't worry,		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
everything's going to be okay." To a patient who has expressed fears say about an upcoming surgery this response tells him his worries do not exist and are not serious. This in effect <u>denies his feelings</u> and he is not likely to reveal his anxieties anymore. To the patient who didn't like his doctor the nurse's reassuring response might have been " I guess most patients go through a period when they don't like their doctor. But eventually things settle down." The patient <u>remains anxious and confused</u> and is not any better off than before his attempt to talk to the nurse.		Stress underlined portions. Write them on board.
(4) The Probing Response. The probing response is an extension of the evaluative, advice-giving techniques. Probing or questioning is often found in several forms. Common to less experienced interviewers is the asking of a question inappropriate to the material being discussed. This is usually to avoid dealing with something a patient has brought up or to break a silence. An example might		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
be a patient who tearfully tells a nurse that his wife died last month. The nurse, being uncomfortable asks if he has any children and changes the subject. Another form involves using prepared or stereotyped questions frequently found in history-taking. Finally there are specific questions asked to obtain specific information. Often a patient doesn't have an answer ready to these questions and is still left with feelings of non-resolution of his worries.		Stress underlined portions. Write on board.
An example of the probing response would be: "Let's get at the root of your worry. Is there anything else your doctor has done besides not telling you your diagnosis?" If the patient had no answer ready for this direct question he might still be left feeling frustrated.		
(5) The Understanding Response.		
In the understanding response acceptance is implied. While acceptance is not the same as agreement or approval, people feel and perform better when they sense		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
that they are accepted. Acceptance can be equated with deep respect which allows for peoples' differences, imperfections, mature and immature forces. In the understanding response the nurse might say "You're concerned about how sick you really are and it worries you not to know for sure what your doctor thinks."		
<u>In this environment the patient feels safe and senses that whatever attitudes he has are permissible</u>.		Stress underlined portion. Write it on blackboard.
(6) Yes/No Responses.		
This gives an overview of the 5 responses. I'd like to add 2 interviewing pitfalls that it would be worthwhile for you to learn to avoid. In order to keep conversation moving on the part of the client, try not to ask questions that will only elicit "yes" or "no" answers. Word questions in a manner that will get more than a one-word response. This is known as open-ended questioning. A loaded question such as "It hurts here too, doesn't it?" is more likely to elicit a yes or no than a description of the pain.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
e. Demonstration and Discussion. My patient, Ms. Scripps and I have prepared a nurse-client interview demonstration that is full of mistakes. She has just been admitted to the hospital. Watch to see how many mistakes you can identify even beyond what I've covered. The patient is watching TV. Curtain of course is open and patient's neighbor who brought her to the hospital is sitting there. A female roommate is in the next bed. Nurse: "Jones, Ethel Jones?" Patient: "No. Jean Scripps." Nurse: "Oh. Yeah, okay. We gotta get this assessment sheet done and then I'm going on a break." Patient: (no comment) looking a little surprised. Nurse: "Why'd you come to the hospital, stomach pain?" Patient: "Yes." Nurse: "Have you been in the hospital before?" Patient: "Yes."		Ask if there any questions up to this point. Note: First demonstration.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
Nurse: "What for?" Patient: "Appendectomy." Nurse: "I need to check your stomach and listen to your chest."(goes to pull up patient's gown). Patient: "Can you pull the curtain please?" Nurse: "Oh, okay. But we're all just women, you know." Patient: "Mmmm" Nurse: (leaves gown up but sits down) "Any meds?" Patient: (pulling own gown down) "I beg your pardon?" Nurse: "Drugs, meds, you take any?" Patient: "No. Well, sometimes." Nurse: "But not right now." Patient: "No." Nurse: (looking at T.V.) "Oh, my favorite soap." End of first demonstration. Okay. There should be some identifiable mistakes. Can you take a minute to think and then name some. (calls on students)		Refer to Teacher Guidelines, p. 27. End of first demonstration. Ask students to identify mistakes; you write (list) them on board.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
f. Second Demonstration. We'd like to show you the same situation but with proper interviewing techniques. The scenario is as before with the patient's neighbor and roommate in their places. Nurse: (smiling, eye contact) "Mrs. Scripps?" Patient: "yes." (smiling) Nurse: "I'm Sharon Long. I'll be your nurse until 3 P.M. and I'd like to ask you a few questions." Patient "Yes, Okay." Nurse: (to guest) "Would you please give us 15 minutes alone? There's a cafeteria by Emergency Room or there's a waiting room by the elevator on this floor. (to patient) May I turn the T.V. off for this time period, please?" (guest agrees and exits). Patient: "Surely." Nurse: (nurse pulls curtain after turning off T.V. She sits about 3 feet from patient and leans forward) "Mrs. Scripps tell me about why you came to the hos-		Note: Second demonstration.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
pital today?" Patient: "I've been having stomach pains." Nurse: "Where in your stomach area?" Patient: "Here." (points to stomach) Nurse: "For how long have you been having them?" Patient: "Three days." Nurse: "Do they come any time of day?" Patient: "Yes, any time." Nurse: "Can you describe them?" Patient: "Kind of like cramping." Nurse: "Are you taking any medications?" Patient: "No." Nurse: "May I check your abdomen and listen to your chest?" Patient: "Yes." Nurse: (lifts gown to only expose what's needed, listens and puts gown down after) "Thank you." (sitting again).	30 min	Have students identify the good points of the second demonstration. List them on the board. Refer to Teacher Guidelines, p. 27.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
III. Summary In summary I want to go over the main points of today's talk. May I first as you what questions you may have? Interviewing is communication. It can be verbal and nonverbal. In nonverbal there are many ways of conveying messages such as lack of eye contact, distance from interviewer to patient, the use of curtains for privacy, looking at the patient's T.V. etc. In verbal communication there are 5 basic responses commonly encountered. These are the evaluative response in which health workers make a judgement, the hostile response in which the patient is antagonized or humiliated and a cycle of hostility-counterhostility may ensue. The reassuring response leaves a patient thinking that no one believes his worries exist. The probing response while having it's place if used correctly, is most often used to avoid something the patient has brought up or to break a silence. Finally the understanding response allows for acceptance of		Lecture

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
the patient's worries without judgement.		
After the overview of the 5 basic responses, I mentioned two interviewing pitfalls: the open-ended question and the loaded question. Both elicit yes/no responses and gain little else in the way of actual information.		
I'd like to close leaving you with the thought that you don't ever want to be responsible for missing verbal or nonverbal cues from a patient. Doing so can lead to the patient's low morale or at the worst, the patient's death.		
I want to evaluate to see if the material I presented today is going to be useful to you, i.e. will you be able to apply it s use in the client interview?		
Please take the rest of our time to answer this quiz.	5 min. Quiz= 10 min.	

Name: _____
Last, First

Quiz

Please list the 5 basic kinds of verbal response likely to be encountered in interviewing and give a description of each.

1. Kind:
Description:

2. Kind:
Description:

3. Kind:
Description:

4. Kind:
Description

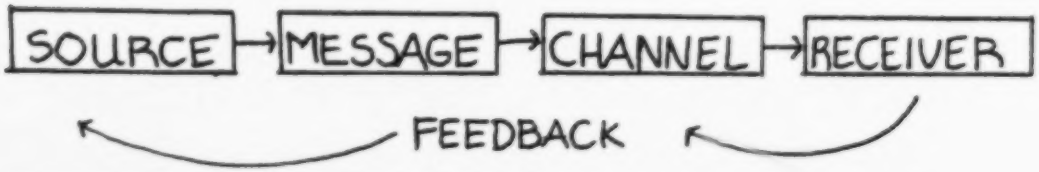
5. Kind:
Description:

Please list 4 examples of nonverbal behavior to be avoided during the patient interview.

1.
2.
3.
4.

djs: 10/87

BERLO'S COMMUNICATION MODEL



1. Source
   a. Communication Skills
   b. Attitudes
   c. knowledge
   d. Socio-cultural position.

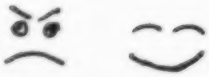
2. Message
   a. Elements
   b. Structures
   c. Content
   d. Treatment
   e. Code

3. Channel
   a. Seeing
   b. Hearing
   c. Touching
   d. Tasting
   e. Smelling

4. Receiver
   a. Communication Skills
   b. Attitudes
   c. Knowledge
   d. Socio-cultural position

NONVERBAL RESPONSE

EYE CONTACT

FACIAL EXPRESSION 

BODY ORIENTATION

DISTANCE

Teacher Guideline to Demonstrations.
Expected Student Responses.

MISTAKES: (1st demonstration)
Didn't introduce self
Wrong patient name
Stressing break over assessment
Asked and answered question for patient
Didn't provide privacy by asking guest to leave
Smart retort when patient asked for privacy
Left gown up and patient exposed
Incomplete drug history
Interviewer watching TV (it should be off)

QUALITIES: (2nd demonstration)
Smiling, eye contact
Correct patient name and introduces self
Politely asked guest to leave
Asks first then turns TV off
Good body language
Good patient problem history
Protects patient privacy (curtains, exposing only what's needed, puts gown back down)

djs:10/87

ERIC Clearinghouse for
Junior Colleges FEB 12 1988